ndiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: 7/13/07 | Address: | 8500 | Brownsmul |
|--|--|--------------------|-------------------|
| Case #: 42-28497 | | <u>\</u> موەاد | ьн H |
| County: Ripley | | | |
| Type of Laboratory Scizure (check one) | Seizure Location (a | theck all that ap | pIy) |
| Operational Lab | Residence | Hotel/M | otel |
| Chemical/Glassware/Equipment (only) Dumpsite (only) | Outouilding Vehicle | Other: | No Structure |
| Ifems Found: Location (bedroom, kitchen, open | gir, etc) | | |
| (check all that apply) Lithium/Ammonia Reaction(s): Emply | Plasme Vessel | | |
| Red Phosphorous/Iodine Reaction(s): | _ | | |
| Flammable Solvents: | | | |
| 🚣 Water Reactive Metal (Lithium): گسرې | puo C2 Barre | ، تصبير | |
| Anhydrous Ammonia; | • | | |
| Hydrochloric Acid Gas Generator(s): | _ | | • |
| Corrosive Acid; | _ | | |
| Corrosive Base: | | | |
| Other (item and location): Thus, Co. | DE SPOON, Paper | Toule | |
| Child under age 18 discovered (check one) | <u>Investigativo</u> | <u>Information</u> | |
| ☐ Yes (number present) ▼ No | | | rine Tracking Log |
| *If yes, fax report to Child Protective Services | ☐ Retail/Mei 【 Other: 】 | chant Tip | -+ |
| This report is to be faxed to the following age | ncies that serve the loc | eation: | |
| Fire Department: Napolcom YED | Fax: <u>689</u> - | | |
| Health Department: Ripley Co | Fax: 679 - | | |
| Child Protection Service: | Fax: | | |
| • | | | |
| For further information regarding this methamph Investigating Officer:Pho | ietzmine laboratory, com ne <u>689</u> -500 O | ıtact | |
| ** Tais form is to be faxed to the Fire Department. Hea | | Protective Secui | ces i len er ment |

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sont to the Clandestine Laboratory Team Leader for retention.